

2020 LAGRANGE DAY CAMP HEALTH/BACKGROUND FORM

LaGrange Parks & Recreation
120 Stringham Road
LaGrangeville, NY 12540
845-452-1972

(Please check) Session(s) Child is Attending

Week 1: July 6 - 10 _____
Week 2: July 13 - 17 _____
Week 3: July 20 - 24 _____

Week 4: July 27 - 31 _____
Week 5: Aug 3 - 7 _____
Week 6: Aug 10 - 14 _____

Session 1: _____ (Grade 2-5)
9am - 12noon
Session 2: _____ (Grade 6-10)
1pm - 4pm

Must be completed by parent or guardian in order to attend camp. Immunization records required.
All forms including camper information form must be filled out completely in order to hold camp spot. Photos WILL NOT be accepted.

_____/_____/_____
Camper Last Name Camper First Name Date of Birth Sex Age

Grade in Fall _____ School: _____

Parent/Guardian #1:

Name: _____

Address: _____

Phone: Home: _____

Cell: _____ Work: _____

Email: _____

Parent/Guardian #2:

Name: _____

Address: _____

Phone: Home: _____

Cell: _____ Work: _____

Email: _____

If parent/guardian listed above is not available in an emergency, notify: (must be available to pick up child from camp in 15 minutes)

Name Relationship Home Phone Work Phone

Address Cell Phone

If an emergency arises and neither parent nor alternative persons can be reached at once, I authorize LaGrange Day Camp to take all measures that they consider necessary for the protection of the health and safety of my child, including hospitalization.

Health History (check, giving approximate dates where indicated):

Conditions:

___ Frequent ear infections ___ ADD
___ Heart defect/disease ___ ADHD
___ Convulsions
___ Diabetes
___ Bleeding/Clotting Disorder

Allergies:

___ Asthma
___ Hay Fever
___ Poison Ivy
___ Insect Sting
___ Penicillin

Diseases:

___ Mononucleosis:
___ Chicken Pox:
___ Measles:
___ German Measles:
___ Mumps:

Dates:

Other diseases or details of above: _____

Any specific activities to be limited by physician's advice (doctor's note required):

Can this child go underwater? _____ Fears/Phobias? _____

Dietary Modifications/Food Allergies: _____

Current Medications (send with doctor's note and instructions): _____

(For Females): Has this person menstruated? _____ If not, has she been told about it? _____

Name of Dentist/Orthodontist _____ Phone _____

Name of Family Physician _____ Phone _____

Date of Last Physical Examination _____

Family medical/hospital insurance carrier _____ Policy or Group # _____

OVER, signature required

**** Please do not place grouping requests on this form****

Has your child been to day camp before? _____ Where _____

What concerns, if any, do you have about sending your child to camp _____

Please explain any special needs your child may have so we can be prepared to make their stay as comfortable as possible:

Does your child receive any special services during the school year? ____yes ____no If yes, please explain _____

As per amendments made in 2016 to the NYS DOH Children's Camp Code camps have been advised to "identify camper disability information (developmental and/or physical disabilities) during the camp's enrollment process..." In addition, camps are advised to determine if such children have an "individual treatment, care or behavioral plan that address a camper's unique physical, medical, behavioral, and/or social needs." Such a plan is not necessary, but if one exists the details should be shared with the camp. With regards to this now Code amendments we ask:

Does this child have a severe chronic disability attributable to (quoted from the Code) "mental retardation, cerebral palsy, epilepsy, autism or neurological impairment" as determined by a qualified practitioner with a relevant Master's Degree or Doctorate in Psychology? ____yes ____no

If yes, does your child have an individual treatment, care or behavioral plan? ____yes ____no

ALL SECTIONS MUST BE COMPLETED AND SIGNED

PHOTO RELEASE:

I hereby grant the Town of LaGrange permission to use my child's photograph, video picture and/or other digital reproduction of him/her or of his/her physical likeness for publication and/or promotional purposes of LaGrange Parks & Recreation activities.

_____ Accept _____ Decline

Parent/Guardian Signature _____ **Date** _____

PERMISSION/ AGREE TO HOLD HARMLESS:

As the participant signed below, knowing fully that the Town of LaGrange Parks and Recreation Department provides the program activity, and or special event and all aspects associated with these being; Facility(s), Instructor(s), Equipment and Supervision, I hereby: 1. Agree to furnish my own insurance in case of injury, 2. Assume all risks and responsibilities of possible injury involved with participating in this program, activity, and or special event, 3. Testify that I am in sound health and capable of participating in the registered program, 4. Further agree to indemnify and hold harmless the Town of LaGrange, Parks & Recreation Department or employees, to include volunteers, from liability resulting from my participation in this program, activity or special event.

Parent/Guardian Signature _____ **Date** _____

MEDICAL RELEASE/AUTHORIZATION:

In case of emergency, I hereby give permission to the medical personnel selected by the camp, in my absence, to act as my agent in securing proper medical treatment for my child as named above, including hospitalization, routine tests, X-rays and other medical treatment. Every possible effort will be made to contact parents in the event of an emergency.

Parent/Guardian Signature _____ **Date** _____

I give the Town of LaGrange and Recreation Staff permission to apply to my child the following topical ointments and treatments if needed while participating in our program:

Neosporin or similar ointment:	YES _____	NO _____
Alcohol Wipes:	YES _____	NO _____
Deet-Free bug spray:	YES _____	NO _____
Sunscreen:	YES _____	NO _____
Sting Stop:	YES _____	NO _____

Parent/Guardian Signature _____ **Date** _____